

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31249**

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>298</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Francois</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Francois</u>			
c. LENGTH OF STAY, (in this place) <u>64 yrs</u>				d. STREET ADDRESS (If rural, give location) <u>Near Esther</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) <u>Evon William Brown</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 8th 1873</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Silvermine, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Dr. Price Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Sane Ting Ghyre Inman Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. E. F. Matthews Desloge</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. F. Matthews Desloge</u> ADDRESS <u>mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Arterio-sclerosis general</u> <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Epilepsy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 2, 1951</u> to <u>Sept 2, 1951</u> , that I last saw the deceased alive on <u>9-2</u> , 1951, and that death occurred at <u>9:45 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>HP Gackle MD</u> (Degree or title)				23b. ADDRESS <u>Desloge, Mo</u>		23c. DATE SIGNED <u>9-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>9-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sebastian Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bethel Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 6, 1951</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Boyer & Son</u>		ADDRESS <u>Desloge Mo.</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 10 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3660

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.